

SAMPLE

UNIFIED PROGRAM (UP) FORMS



This sample consolidated Contingency Plan and Inventory is provided to assist small businesses in accurately completing the Unified Program Forms.
The consolidated Contingency Plan and Inventory form (OES 2731) should be completed to reflect your particular business operation.
The suggested answers in this sample document are provided for reference only.

UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

Page 1 of

I. FACILITY IDENTIFICATION

FACILITY ID #		EPA ID # (Hazardous Waste Only)
Official use		CAL 00000000

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)	3
My company	

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UP FORM....	
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5	4 UST FACILITY 4 UST TANK (one page per tank)
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6	4 UST FACILITY 4 UST TANK (one per tank) 4 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	4 UST TANK (closure portion –one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9	4 EPA ID NUMBER – provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form.
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10	4 RECYCLABLE MATERIALS REPORT
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11	4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY 4 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12	4 CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13	4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

E. LOCAL REQUIREMENTS 15

1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15a	In addition to Hazardous Materials requirements, complete: 4 Regulated Substance Registration 4 Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15b	4 Consult local CUPA or PA for added reporting requirements.
b. Required by a CUPA or PA to provide other information?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15c	4 Waste Generator Form (LA County)

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
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SAMPLE

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)

☒ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE / /)

PAGE OF

I. IDENTIFICATION

FACILITY ID# Official use only																1	BEGINNING DATE 2003/01/01	100	ENDING DATE 2003/12/31	101		
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) My Company																	3	BUSINESS PHONE (000) 000-0000			102	
BUSINESS SITE ADDRESS 123 Any Street																				103		
CITY Any Town																	104	CA	ZIP CODE 90000			105
DUN & BRADSTREET Any Town																	106	SIC CODE (4 digit #) 0000			107	
COUNTY LOS ANGELES																	108	UNINCORPORATED <input type="checkbox"/> Yes <input type="checkbox"/> No			133a.	
BUSINESS OPERATOR NAME John Smith																	109	BUSINESS OPERATOR PHONE (111) 111-1111			110	

II. BUSINESS OWNER

OWNER NAME John Smith																	111	OWNER PHONE (111) 111-1111			112		
OWNER MAILING ADDRESS 456 Other Street																				113			
CITY Any Town																	114	STATE CA	115	ZIP CODE 90000			116

III. ENVIRONMENTAL CONTACT

CONTACT NAME S.A.A.																	117	CONTACT PHONE S.A.A.			118		
CONTACT MAILING ADDRESS S.A.A.																				119			
CITY S.A.A.																	120	STATE CA	121	ZIP CODE S.A.A.			122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME John Smith																	123	NAME Jane Smith			128
TITLE Owner and Operator																	124	TITLE Manager			129
BUSINESS PHONE (000) 000-0000																	125	BUSINESS PHONE (000) 000-0000			130
24-HOUR PHONE (111) 111-1111																	126	24-HOUR PHONE (333) 333-3333			131
PAGER # (222) 222-2222																	127	PAGER # (444) 444-4444			132

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES # of employees here																	133b	FEDERAL TAX IDENTIFICATION NUMBER Federal Tax ID here			133c
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	---	--	--	------

MAILING/ BILLING INFORMATION

ADDRESS 123 Any Street																	133d	CITY Any Town			133e	STATE CA	133f	ZIP CODE 90000			133g
----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	-------------------------	--	--	------	--------------------	------	--------------------------	--	--	------

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE Signature Here																	DATE 2003/01/01			134	NAME OF DOCUMENT PREPARER John Smith			135
NAME OF SIGNER (print) John Smith																	136	TITLE OF SIGNER Owner and Operator			137			

OFFICIAL USE ONLY

UP Form

HW

HM

ARP

AST

UST

TP

CUPA

PA

INSPECTOR

DISTRICT

DATE OF INSPECTION

DIVISION

BATTALION

STATION

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
My Company		Official use	
SITE ADDRESS	103	CITY	104
123 Any Street		Any Town	105
			ZIP CODE 105
			90000

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ☐ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ☐ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ☐ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Contingency Plan is kept on file in the company office.

PLAN CERTIFICATION	
<i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i>	
Printed Name of Owner/ Operator	Title of Owner/Operator
John Smith	Owner and Operator
Signature of Owner/ Operator	Date
Signature here	2003/01/01

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION						
BUSINESS NAME			3	FACILITY ID # 1		
My Company				Official use		
SITE ADDRESS		103	CITY		104	ZIP CODE 105
123 Any Street			Any Town			90000
II. EMERGENCY CONTACTS						
PRIMARY			SECONDARY			
NAME		123	NAME		128	
John Smith			Jane Smith			
TITLE		124	TITLE		129	
Owner and Operator			Manager			
BUSINESS PHONE		125	BUSINESS PHONE		130	
(000) 000-0000			(000) 000-0000			
24-HOUR PHONE		126	24-HOUR PHONE		131	
(111) 111-1111			(333) 333-3333			
PAGER #		127	PAGER #		132	
(222) 222-2222			(444) 444-4444			
III. EMERGENCY RESPONSE PLANS AND PROCEDURES						
A. Notifications						
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911						
AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services. LA. Co. Fire Dept. H.H.M.D. (323) 890-4317 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802						
Information to be provided during Notification:						
<input type="checkbox"/> Your Name and the Telephone Number from where you are calling.						
<input type="checkbox"/> Exact address of the release or threatened release.						
<input type="checkbox"/> Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)						
<input type="checkbox"/> Material and quantity of the release, to the extent known.						
<input type="checkbox"/> Current condition of the facility.						
<input type="checkbox"/> Extent of injuries, if any.						
<input type="checkbox"/> Possible hazards to public health and/ or the environment outside of the facility.						
B. Emergency Medical Facility						
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material						
HOSPITAL/CLINIC:			PHONE NO:			
XYZ Medical Center			(911) 911-9111			
ADDRESS:						
911 Code Blue Street						
CITY:			ZIP CODE:			
Healthy Town			90000			
OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

SAMPLE
Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response													
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.													
CLEANUP/DISPOSAL CONTRACTOR List the contractor that will provide cleanup services in the event of a release.													
NAME OF CONTRACTOR: <div style="text-align: center;">Cleanup Incorporated</div>	PHONE NO: <div style="text-align: center;">(777) 777-7777</div>												
ADDRESS: <div style="text-align: center;">555 Any Street.</div>													
CITY: <div style="text-align: center;">Any Town</div>	ZIP CODE: <div style="text-align: center;">90000</div>												
D. Arrangements With Emergency Responders If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below: <div style="color: blue;">My company has made arrangements with our medical provider, XYZ Medical Center to provide medical Care in the event of emergencies.</div>													
E. Evacuation Plan													
1. The following alarm signal(s) will be used to begin evacuation of the facility (<i>check all which apply</i>): <input checked="" type="checkbox"/> Verbal <input checked="" type="checkbox"/> Telephone (<i>including cellular</i>) <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input checked="" type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input checked="" type="checkbox"/> Other (<i>specify</i>): Two-way radios.													
2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility.													
3. <input checked="" type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated: <div style="color: blue;">Individual responsible for coordinating the evacuation will meet and wait outside on the parking lot area for roll call.</div>													
F. Earthquake Vulnerability													
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas</td><td><input checked="" type="checkbox"/> Production Floor</td><td><input type="checkbox"/> Process Lines</td></tr><tr><td><input type="checkbox"/> Bench/ Lab</td><td><input type="checkbox"/> Waste Treatment</td><td><input type="checkbox"/> Other:</td></tr></table>		<input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas	<input checked="" type="checkbox"/> Production Floor	<input type="checkbox"/> Process Lines	<input type="checkbox"/> Bench/ Lab	<input type="checkbox"/> Waste Treatment	<input type="checkbox"/> Other:						
<input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas	<input checked="" type="checkbox"/> Production Floor	<input type="checkbox"/> Process Lines											
<input type="checkbox"/> Bench/ Lab	<input type="checkbox"/> Waste Treatment	<input type="checkbox"/> Other:											
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. <table style="width: 100%;"><tr><td><input type="checkbox"/> Utilities</td><td><input type="checkbox"/> Sprinkler Systems</td><td><input type="checkbox"/> Cabinets</td><td><input type="checkbox"/> Shelves</td></tr><tr><td><input type="checkbox"/> Racks</td><td><input type="checkbox"/> Pressure Vessels</td><td><input checked="" type="checkbox"/> Gas Cylinders</td><td><input type="checkbox"/> Tanks</td></tr><tr><td><input type="checkbox"/> Process Piping</td><td><input type="checkbox"/> Shutoff Valves</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>		<input type="checkbox"/> Utilities	<input type="checkbox"/> Sprinkler Systems	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Shelves	<input type="checkbox"/> Racks	<input type="checkbox"/> Pressure Vessels	<input checked="" type="checkbox"/> Gas Cylinders	<input type="checkbox"/> Tanks	<input type="checkbox"/> Process Piping	<input type="checkbox"/> Shutoff Valves	<input type="checkbox"/> Other:	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Sprinkler Systems	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Shelves										
<input type="checkbox"/> Racks	<input type="checkbox"/> Pressure Vessels	<input checked="" type="checkbox"/> Gas Cylinders	<input type="checkbox"/> Tanks										
<input type="checkbox"/> Process Piping	<input type="checkbox"/> Shutoff Valves	<input type="checkbox"/> Other:											

SAMPLE
Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
The kinds of hazards associated with the hazardous materials in my facility are spills and leaks. Containers of hazardous materials and hazardous wastes are stored with secondary containment. Containers are stored away from drains, in leak-proof containers with tight fitting lids, and held until lawfully discarded.
Incompatible materials and wastes are stored separately.
Employees are trained on business plan measures, and are trained to handle materials using personal protective equipment such as gloves and safety glasses.
2. MITIGATION (reduce the hazard) – Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
Small spills are spills of minimal quantities that are contained and mitigated onsite by business employees.
The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill.
Using absorbent materials, make sure that spilled material is contained and prevented from contaminating the ground, soil, water, or discharge off the property.
Large spills are spills of larger quantities that the business is unable to safely contain and mitigate without assistance and involve quantities of spilled materials that require reporting to the Fire Department. The response to large spills is the following: Immediately notify employees to evacuate and call 911.
3. ABATEMENT (remove the hazard) – Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
The response to a limited spill is the following: Employees involved in the clean up of a spill will wear protective rubber gloves, safety glasses and additional protective clothing. Absorbed material will be placed in a leak-proof container that is compatible with the waste. The container will have a tight-fitting lid and be properly labeled as hazardous waste. The waste will be lawfully disposed as hazardous waste.
Necessary notifications shall be made to the Health Hazardous Materials Division of the Los Angeles County Fire Department and to the State Office of Emergency Services (OES).

SAMPLE
Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	8-E	Rubber gloves
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	7-C / 8-H	Two first aid kits available
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)	8-C	Bottle type affixed to wall.
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	8-E	Safety glasses for employees
Fire Extinguishing Systems	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input checked="" type="checkbox"/> Other (describe)		Steel toe shoes
	<input type="checkbox"/> Automatic Fire Sptinkler Systems		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	3E4C4H7C7G	Five fire extinguishers on site
	<input type="checkbox"/> Other (describe)		
	<input checked="" type="checkbox"/> Absorbents (describe)	4-F	25 Pound absorbent bags
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		
	<input checked="" type="checkbox"/> Neutralizers (describe)	4-F	Baking soda available for acid.
Communications and Alarm Systems	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
	<input checked="" type="checkbox"/> Other (describe)	3-G	Three stage clarifier collects run-off
	<input type="checkbox"/> Chemical Alarms (describe)		
	<input checked="" type="checkbox"/> Intercoms/ PA Systems	10-E	Public announcement installed
	<input checked="" type="checkbox"/> Portable Radios	10-E	Two-way radios
Additional Equipment (Use Additional Pages if Needed.)	<input checked="" type="checkbox"/> Telephones	4-H	Telephones and cellular phones
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other (describe)		

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

SAMPLE

Unified Program (UP) Form

CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:

- Site Orientation (north, south, etc.);
- Approximate scale (*e.g. "1 inch = 10 feet"*);
- Date the map was drawn;
- Locations of all buildings and other structures;
- Parking lots and internal roads;
- Hazardous materials loading/unloading areas;
- Outside hazardous materials storage or use areas;
- Storm drain and sanitary sewer drain inlets;
- Wells for monitoring of underground tank systems;
- Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- Adjacent property use;
- Locations and names of adjacent streets and alleys;
- Access and egress points and roads.

2. **Storage Map(s):** The map(s) shall contain, at a minimum, the following information:

- General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
- Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identified by a unique location code number, letter, or name (*e.g. "1", "2", "3", "A", "B", "C", etc.*);
- Entrances to and exits from each building and hazardous material/waste room/area;
- Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
- Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

3. **Map Legend**

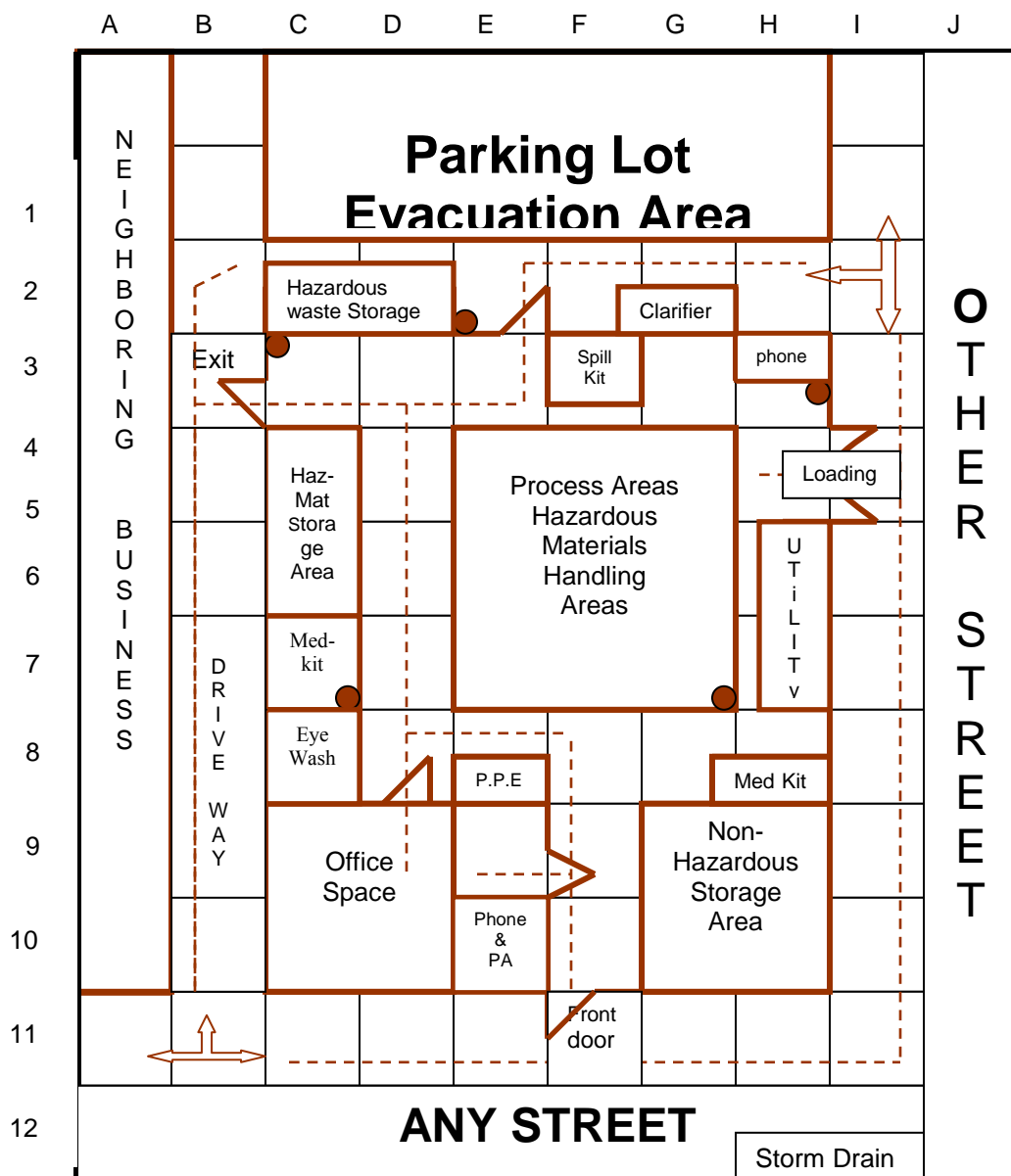
Item and/or Description	Location Code (LC)
Hazardous materials storage areas.	5-C and 6-C
Hazardous waste storage areas.	3-C and 3-D
Hazardous materials handling areas.	5-EFG, 6-EFG, and 7-EFG
Fire extinguishers.	3-E, 4-C, 4-H, 7-C and 7-G
Spill kit.	4-F
Clarifier.	3-G
Communication equipment.	10-E and 4-H
P.P.E.	8-E
Eye wash.	8-C
Emergency exits.	4-B and 3-F
Loading area.	5-I
Parking lot / Evacuation area.	1-CDEFGH and 2-CDEFGH
First Aid kit.	7-C and 8-H

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

BUSINESS NAME My Company			
SITE ADDRESS 123 Any Street		CITY 103 Any Town	ZIP CODE 105 90000
DATE MAP DRAWN 07-01-00	MAP # 1	FACILITY ID # I. Official use only 106	

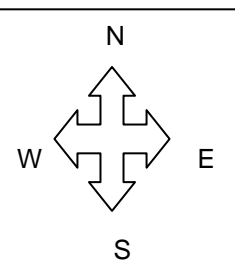


For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation

● Fire Extinguisher

Scale:
1"= 10 Ft.



OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

PAGE OF

BUSINESS NAME:

My Company

3

FACILITY ID #

Official Use Only

1

NO. OF EMPLOYEES:

133b

here.

EPA ID #

CAL 000000000

2

I. TYPE OF GENERATOR

A

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column)

	RCRA GENERATOR (FEDERAL WASTE)	NON –RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS B	WASTE DESCRIPTION C	WASTE ID D	AMOUNT PER YEAR E	STORAGE METHOD F	DISPOSAL METHOD G
Oil change	Waste oil	221	1000	A	D
Radiator flush	Waste coolant	132	110	A	D
Aqueous cleaning	Aqueous washer solution	134	40	A	D

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME

H

John Smith

OWNER/OPERATOR TITLE

I

Owner and Operator

OWNER/OPERATOR SIGNATURE

Signature here

DATE

2003/01/01

J

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

CUPA

PA

DISTRICT

INSPECTOR

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

<input checked="" type="checkbox"/> ADD		<input type="checkbox"/> DELETE		<input type="checkbox"/> REVISE		REPORTING YEAR 2003		200 Page of		
I. FACILITY INFORMATION										
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) My Company									3	
CHEMICAL LOCATION West interior wall of property							201			
CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							202			
FACILITY ID #						1		MAP# (optional) 203		
								GRID# (optional) 204		
								1		
								5-C and 6-C		
II. CHEMICAL INFORMATION										
CHEMICAL NAME Petroleum Lubricating Oil							205			
TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							206			
If Subject to EPCRA, refer to instructions										
COMMON NAME Motor Oil 10W-40							207			
EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							208			
CAS# N/A							209			
*If EHS is "Yes", all amounts below must be in lbs.										
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-1, R-0 210										
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE					211			RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		
CURIES N/A					213					
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					214			LARGEST CONTAINER 55 215		
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH 216										
AVERAGE DAILY AMOUNT 55 217			MAXIMUM DAILY AMOUNT 110 218			ANNUAL WASTE AMOUNT N/A 219			STATE WASTE CODE N/A 220	
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS							221			
* If EHS, amount must be in pounds.										
DAYS ON SITE: 365							222			
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON										
223										
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224										
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225										
%WT		HAZARDOUS COMPONENT (For mixture or waste only)				EHS		CAS #		
1 226						<input type="checkbox"/> Yes <input type="checkbox"/> No 228				
2 230						<input type="checkbox"/> Yes <input type="checkbox"/> No 232				
3 234						<input type="checkbox"/> Yes <input type="checkbox"/> No 236				
4 238						<input type="checkbox"/> Yes <input type="checkbox"/> No 240				
5 242						<input type="checkbox"/> Yes <input type="checkbox"/> No 244				
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.										
ADDITIONAL LOCALLY COLLECTED INFORMATION 246										
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)										

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

My Company

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202

West interior area of property

☐ YES ☒ NO

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204

1

3-C and 3-D

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET ☐ Yes ☒ No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* ☐ Yes ☒ No 208

Used oil

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES **N/A** 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 LARGEST CONTAINER **55** 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

25

110

1000

221

UNITS* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE: 222

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR ☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER ☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN ☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 % 226	Used Petroleum Oil 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	N/A 229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY

DIV BN STA OTHER DISTRICT CUPA PA

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

My Company

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202
☐ YES ☒ NO

North exterior wall of property

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204
1 **3-D**

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET 206
☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* 208
☐ Yes ☒ No

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211 RADIOACTIVE 212 CURIES 213
☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE ☐ Yes ☒ No **N/A**

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 215
☐ a. SOLID ☒ b. LIQUID ☐ c. GAS **55**

FED HAZARD CATEGORIES (Check all that apply) 216
☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
40 **55** **110** **132**

UNITS* 221 DAYS ON SITE: 222
 (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS **365**
* If EHS, amount must be in pounds.

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☒ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE 224
☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225
☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 50% 226	Ethylene Glycol 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	107-21-1 229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

My Company

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202

Materials handling area

☐ YES ☒ NO

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204

1

5-E

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET ☐ Yes ☒ No 206

Acetylene

If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* ☐ Yes ☒ No 208

Welding gas

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

74-86-2

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) **H-4, F-4, R-2** 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES **N/A** 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER **382** 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

382

382

N/A

N/A

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE: **365** 222

* If EHS, amount must be in pounds.

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR ☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER ☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN ☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

<input checked="" type="checkbox"/> ADD		<input type="checkbox"/> DELETE		<input type="checkbox"/> REVISE		REPORTING YEAR 2003		200		Page of																																																								
I. FACILITY INFORMATION																																																																		
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GRID# (optional)								204																																																										
6-C																																																																		
II. CHEMICAL INFORMATION																																																																		
CHEMICAL NAME								205																																																										
Perchloroethylene																																																																		
TRADE SECRET								206																																																										
COMMON NAME								207																																																										
PERC																																																																		
CAS#								209																																																										
127-18-4																																																																		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)								210																																																										
H-4, F-0, R-4																																																																		
HAZARDOUS MATERIAL TYPE (Check one item only)								211																																																										
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RADIOACTIVE								212																																																										
CURIES								213																																																										
N/A																																																																		
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LARGEST CONTAINER								215																																																										
80																																																																		
FED HAZARD CATEGORIES (Check all that apply)								216																																																										
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH																																																																		
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365																																																																		
STORAGE CONTAINER																																																																		
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225																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">#</th> <th style="width: 10%;">%WT</th> <th style="width: 40%;">HAZARDOUS COMPONENT (For mixture or waste only)</th> <th style="width: 10%;">EHS</th> <th style="width: 10%;">CAS #</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>226</td> <td></td> <td>227</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>228</td> <td></td> </tr> <tr> <td>2</td> <td>230</td> <td></td> <td>231</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>232</td> <td></td> </tr> <tr> <td>3</td> <td>234</td> <td></td> <td>235</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>236</td> <td></td> </tr> <tr> <td>4</td> <td>238</td> <td></td> <td>239</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>240</td> <td></td> </tr> <tr> <td>5</td> <td>242</td> <td></td> <td>243</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>244</td> <td></td> </tr> </tbody> </table>												#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	1	226		227					228		2	230		231					232		3	234		235					236		4	238		239					240		5	242		243					244	
#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #																																																														
1	226		227																																																															
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UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

<input checked="" type="checkbox"/> ADD		<input type="checkbox"/> DELETE		<input type="checkbox"/> REVISE		REPORTING YEAR 2003		200 Page of			
I. FACILITY INFORMATION											
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3		
My Company											
CHEMICAL LOCATION						201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			202	
Materials handling area											
FACILITY ID #								MAP# (optional)	203	GRID# (optional)	204
								1		4-E	
II. CHEMICAL INFORMATION											
CHEMICAL NAME						205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			206	
Propane							If Subject to EPCRA, refer to instructions				
COMMON NAME						207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			208	
Liquid Petroleum Gas											
CAS#						209	*If EHS is "Yes", all amounts below must be in lbs.				
74-98-6											
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-4, R-0										210	
HAZARDOUS MATERIAL TYPE (Check one item only)						211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212	CURIES N/A	213
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE											
PHYSICAL STATE (Check one item only)						214	LARGEST CONTAINER 271				215
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS											
FED HAZARD CATEGORIES (Check all that apply)							<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH				216
AVERAGE DAILY AMOUNT			MAXIMUM DAILY AMOUNT			ANNUAL WASTE AMOUNT			STATE WASTE CODE		220
542			542			N/A			N/A		
UNITS* (Check one item only)						221	DAYS ON SITE:			222	
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS										365	
STORAGE CONTAINER											
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR											
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER											
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN											
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON											223
STORAGE PRESSURE						224					
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT											
STORAGE TEMPERATURE						225					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC											
%WT	HAZARDOUS COMPONENT (For mixture or waste only)					EHS		CAS #			
1						<input type="checkbox"/> Yes <input type="checkbox"/> No					
2						<input type="checkbox"/> Yes <input type="checkbox"/> No					
3						<input type="checkbox"/> Yes <input type="checkbox"/> No					
4						<input type="checkbox"/> Yes <input type="checkbox"/> No					
5						<input type="checkbox"/> Yes <input type="checkbox"/> No					
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.											
ADDITIONAL LOCALLY COLLECTED INFORMATION											
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)											

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

<input checked="" type="checkbox"/> ADD		<input type="checkbox"/> DELETE		<input type="checkbox"/> REVISE		REPORTING YEAR 2003		200		Page		of					
I. FACILITY INFORMATION																	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)													3				
My Company																	
CHEMICAL LOCATION										201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)			202			
Materials handling area										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
FACILITY ID #										1	MAP# (optional)		203	GRID# (optional)		204	
										1				4-E			
II. CHEMICAL INFORMATION																	
CHEMICAL NAME										205	TRADE SECRET				206		
Carbon dioxide										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
										If Subject to EPCRA, refer to instructions							
COMMON NAME										207	EHS*				208		
CO2										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
CAS#										209	*If EHS is "Yes", all amounts below must be in lbs.						
124-38-9																	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)																	
HAZARDOUS MATERIAL TYPE (Check one item only)										211	RADIOACTIVE		212	CURIES		213	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				N/A			
PHYSICAL STATE (Check one item only)										214	LARGEST CONTAINER				215		
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS										175							
FED HAZARD CATEGORIES (Check all that apply)																	
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH																	
AVERAGE DAILY AMOUNT				217	MAXIMUM DAILY AMOUNT				218	ANNUAL WASTE AMOUNT				219	STATE WASTE CODE		220
350					350					N/A					N/A		
UNITS* (Check one item only)										221	DAYS ON SITE:				222		
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS														365			
STORAGE CONTAINER																	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON																	
STORAGE PRESSURE																	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT																	
STORAGE TEMPERATURE																	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC																	
%WT		HAZARDOUS COMPONENT (For mixture or waste only)						EHS		CAS #							
1	226							227	<input type="checkbox"/> Yes <input type="checkbox"/> No		228			229			
2	230							231	<input type="checkbox"/> Yes <input type="checkbox"/> No		232			233			
3	234							235	<input type="checkbox"/> Yes <input type="checkbox"/> No		236			237			
4	238							239	<input type="checkbox"/> Yes <input type="checkbox"/> No		240			241			
5	242							243	<input type="checkbox"/> Yes <input type="checkbox"/> No		244			245			
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.																	
ADDITIONAL LOCALLY COLLECTED INFORMATION																	
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)																	

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

<input checked="" type="checkbox"/> ADD		<input type="checkbox"/> DELETE		<input type="checkbox"/> REVISE		REPORTING YEAR 2003		200		Page		of					
I. FACILITY INFORMATION																	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)													3				
My Company																	
CHEMICAL LOCATION										201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)			202			
Materials handling area										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
FACILITY ID #										1	MAP# (optional)		203	GRID# (optional)		204	
										1				5-E			
II. CHEMICAL INFORMATION																	
CHEMICAL NAME										205	TRADE SECRET				206		
Helium										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
										If Subject to EPCRA, refer to instructions							
COMMON NAME										207	EHS*				208		
Helium gas										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
CAS#										209	*If EHS is "Yes", all amounts below must be in lbs.						
7440-59-7																	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)																	
HAZARDOUS MATERIAL TYPE (Check one item only)										211	RADIOACTIVE		212	CURIES		213	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				N/A			
PHYSICAL STATE (Check one item only)										214	LARGEST CONTAINER				215		
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS										275							
FED HAZARD CATEGORIES (Check all that apply)																	
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH																	
AVERAGE DAILY AMOUNT				217	MAXIMUM DAILY AMOUNT				218	ANNUAL WASTE AMOUNT				219	STATE WASTE CODE		220
275					275					N/A					N/A		
UNITS* (Check one item only)										221	DAYS ON SITE:				222		
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS														365			
STORAGE CONTAINER																	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON																	
STORAGE PRESSURE																	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT																	
STORAGE TEMPERATURE																	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC																	
%WT		HAZARDOUS COMPONENT (For mixture or waste only)						EHS		CAS #							
1	226							227	<input type="checkbox"/> Yes <input type="checkbox"/> No		228			229			
2	230							231	<input type="checkbox"/> Yes <input type="checkbox"/> No		232			233			
3	234							235	<input type="checkbox"/> Yes <input type="checkbox"/> No		236			237			
4	238							239	<input type="checkbox"/> Yes <input type="checkbox"/> No		240			241			
5	242							243	<input type="checkbox"/> Yes <input type="checkbox"/> No		244			245			
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.																	
ADDITIONAL LOCALLY COLLECTED INFORMATION																	
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)																	

SAMPLE

For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

[Los Angeles County Fire Department](http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp)
(<http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>)